



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I LOBBYIST NAME(Last) (First) (Middle) MAILING ADDRESS (Street) (City) (State) (Zip Code) EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** MAILING ADDRESS (Street) FAX (City) (State) (Zip Code)

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU L	TELEPHONE				
Unspam Tech	(435)615-9205				
MAILING ADDRESS (Street)	FAX				
1901 Prospector A	(435)615-9211				
(City)	(State)	(Zip Code)			
Park City	UT	84060			
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE			
Benjamin Dah	.1	(435) 615-9205			
MAILING ADDRESS (Street)		FAX			
1901 Prospector	Ave. # 200	(435) 615-9211			
(City)	(State)	(Zip Code)			
Park City	UT	84060			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
PART IV CERTIFICATION O	E I ORRVIST				

I hereby certify that the inform	gation furnished above is, to the	best of my knowled	ge, correct and complete.
(Sign	ature of Lobbyist)	<u> </u>	(Date)
PART V AUTHORIZATION TO	LOBBY		
NAME Vice President &	General Counsel,	Benjamin	ICER OR PERSON REPRESENTED
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Unspan Technolog	gies, Inc.		(435) 615-9205
MAILING ADDRESS (Street)			FAX
1901 Prospector Ave	#200 Mar Sily	·	
(City)	(State)	(Zip (Code)
Park City	Utah		84060
I hereby authorize the above	- named person to engage in lot	bying activities on i	behalf of the undersigned.
		2	19106
(Signature of Authorizing	ng Officer or Person Represented)		(Date)